

**FORM SOE 3/TSOE3  
PARENTAL CONSENT FOR OFF-SITE ACTIVITIES**

**Dear Parent/Guardian**

**This is a consent form to cover off-site trips and visits that your child may undertake during their time at our school. These visits may include short journeys on foot or in vehicles and some may extend beyond the school day. Details of each visit will be sent to you in advance. None of these visits includes any adventurous activity, or involves an overnight stay. A separate specific consent form will be sent out for visits involving adventurous activities or for residential visits.**

**COLLATON ST MARY CHURCH OF ENGLAND PRIMARY SCHOOL**

**VISIT OR ACTIVITY**

**ANY SCHOOL ARRANGED CURRICULUM ACTIVITIES / TRIPS (SEPT '22- AUG '23)**

**NAME OF CHILD OR STUDENT**

**DATE OF BIRTH**

**SPECIAL DETAILS**

Any relevant information concerning your child's health requiring special attention but which does not prevent him or her taking part should be noted below. For example does your child:

- have any allergies?
- take medication and if so what is the dosage required:
- experience travel sickness?
- have diabetes, asthma or epilepsy?

**Has your child had any relevant recent illness?**

**Does your child have any specific dietary requirements**

**Do you have any additional comments?**

**Swimming ability (for water based activities)**

- Is your child able to swim 50 metres?

YES/NO

1. I would like my child to take part in various non-residential and non-adventurous activities. I understand that the arrangements for each visit will be sent to me in advance.
2. I consent to any emergency medical treatment required by my child during the course of the visit.
3. I confirm that my child is in good health and I consider him/her fit to participate.
4. I understand that it is my responsibility to inform the school if any details change and that I will complete a new form.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NAME OF PARENT/GUARDIAN** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT NUMBER** \_\_\_\_\_

**NAME OF FAMILY DOCTOR**

**APPROXIMATE DATE OF LAST TETANUS INJECTION**

I give consent for a member of staff to transport my child to a trip/visit if the need arises. (please tick the box)